## BRINKS, HOFER, ET AL

TALL TREAT (G) TANDAL TALL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This for appropriate. All further con- indicated unless corrected b maintenance fee notification	ielow of directed otherwise	smitting the ISSU Patent, advance ord in Block 1, by (a)	R FRE and PUBL lers and notificate specifying a new	JCATION FEE (if request on of maintenance fees correspondence address	ured). Blocks I will be mailed i ; and/or (b) ind	through 5 s the current cating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block   for 90 05/19/2005	any change of address)		Fee(s) Transmittal, Ti	nis certificate ca	inor be used	or domestic mailings of the for any other accompanying ent or formal drawing, must
John M. Card BRINKS HOFER GILSON & LIONE P.O. Box 10395 Chicago, IL 60610			0 1 2005	I hereby certify that t States Postal Service	with sufficient r	nittal is bein costage for fir	smission g deposited with the United est class mail in an envelope above, or being facsimile date indicated below.
			0 , 2000	Terry Wa	Terry Wand		(Depositor's name)
		LE LE	<i>\$</i> /	- Zerry	_مممثلل	<u>)</u>	(Зідпальне)
		4	TRADEMARTIST	June 1,	2005		(Dutc)
APPLICATION NO.	FILING DATE	(	FIRST NAMED INV	ENTOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.
10/78.7,264	_02/26/2004	<u>-</u>	Bongica Kin	n	10544	202	5156 _
TITLE OF INVENTION: X	RAY SOURCE						
APPLN, TYPE	SMALL ENTITY	issue fre		PUBLICATION FEE	TOTAL PEI (S) DUE		DATE DUE
nonprovisional	NO	\$0		\$0	\$(	;	08/19/2005
EXAM	ART UNI	Г	CLASS-SUBCLASS				
SONG, I	2882	2882 3		_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the parent front page, list (1) the names of up to 3 registered patent attorneys  Brinks Hofer				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTC/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE FATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAMÉ OF ASSIGNE	£E.	RESIDENCE: (CITY and STATE OR COUNTRY)					
Osmic, Inc. Auburn Hills, Michigan 48326							
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are		·	Payment of Fee(s	7		· <del></del>	
	usly paid 3/11/	A check in the amount of the fee(s) is enclosed,					
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overgoyment, to				
Auvance Order - # 81	Сорієк	<del></del>	Deposit Account	Number	tharge the requi	COURCE(S), or	credit any overpayment, to copy of this form).
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignce or other party in interest as shown by the records of the Epited States Patent and Trademark Office.							
Authorized Signature	1/1			<del></del>	ne 1, 200		
Typed or printed name	John M. Card			No. 48,4	23		
m.:		11 -				·	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this hurden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Off ce, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: C munissioner for Patents, P.O. Box 1450. Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.